

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.  
*3233507*

APPLICANT(S)  
*Barnesjin*

FILING DATE  
*11-23-81*

CLAIMS	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT							
	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	<i>1</i>											
2		<i>1</i>										
3		<i>1</i>										
4		<i>3</i>										
5		<i>3</i>										
6	<i>1</i>											
7		<i>1</i>										
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TOTAL IND.	<i>2</i>											
TOTAL DEP.	<i>11</i>											
TOTAL CLAIMS	<i>13</i>											